	DECLADATI	DECLARATION FOR UTILITY OR		Att rney Docket Number		X-0211	control number.	
DESIGN		First Named Inv nt r		Hausheer				
	PATENT APPLICATION		LICATION	COMPLETE IF KNOWN				
	(37 CFR 1.63)	1.63)	Application Number					
	Declaration		Declaration	Filing Date				
	Submitted C with Initial	OR		Art Unit		,		
	Filing		(37 CFR 1.16 (e)) required)	Examiner Name				

	Filing	(37 CFR 1.16 (e)) required)	Examiner Name						
	As the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	Method for Treating Patients for Radiation Exposure								
() i	(Title of the Invention)								
	the specification of which is attached hereto								
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
	Additional foreign application av	mhore are listed as a second							
L	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

[Page 1 of 2]

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PTO/SB/01 (10-01)

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DECLARATION — Utility or Design Patent Application

	Direct all correspondence to: Custome or Bar C	er Numbe Code Labe	el			OR	✓ Cor	respondence address below
	Name Thomas J. Dodd, Senior Patent Counsel							
	Address 8122 Datapoint Drive, Suite 1250							
	city San Antonio		· · · · · · · · · · · · · · · · · · ·		State	TX		78229
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	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
jes	NAME OF SOLE OR FIRST INVENTOR	₹: [Ар	etition	nas be	en filed for t	his unsign	ned inventor
	Given Name (first and middle [if any]) Frederick H. Family Name or Surname Hausheer							
	Inventor's Signature					····		Date 10/26/2001
	Residence: City Boerne		State	тх	•	Country U	s	US Citizenship
	Malling Address 203 Kendali Parkway							
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ŀ	NAME OF SECOND INVENTOR:		A peti	tion ha	s been	filed for this	unsigned	inventor ·
ļ	Giv n Name (first and middle [if any]) Family Name or Sumame					·		
	Inv ntor's Signature	·						Date
	Residence: City		State	-		Country		Citizenship
	Malling Address							
-	City		State	<u> </u>		ZIP		Country
	Additional inventors are being named on the	supp	lementa	al Additio	nal Inver	ntor(s) sheet(s) PTO/SB/02	2A attached hereto.